



Child Protection and Safeguarding Policy and Procedure

Service Details

Precious Children Day-care is a registered afterschool service, providing full day care services at holiday periods for children aged 4 years to 10 years. We open our facility at 7.30am – 9am for breakfast Club and close at 6pm, 51 weeks of the year. We close for bank holidays, Good Friday and one week at Christmas.

We provided a Breakfast Club, Afterschool programme, School collection and drop off service and in holiday periods full day care.

Children are brought to school by Precious Childcare staff. All team member who are responsible for collecting our after-school children will wear an Identification label and they will be in full uniform at all times.

Location

8 St Marys Road, Walkinstown Road, Crumlin, Dublin 12.

The management structure is:

Owner:	Caroline Cummins
Group Leader:	Deborah Mahar
No of Employees:	11
Number of Children:	24

Statement of Intent

The Precious Children Daycare safeguarding Statement has been developed in accordance with 'The Children First Act 2015' and 'Children First: The National Guidance for the Protection and Welfare of Children'. It is Precious Childcare daycare ethos to treat each child with the utmost respect.

Each child is valued as an individual and is encouraged to reach his/her own potential at his/her own pace. We ensure that each child develops all the essential early life skills, in a creative and stimulating environment, where interaction and self-expression are actively encouraged.

We are committed to safeguarding the children in our care and to providing a safe environment in which the children can play, learn and develop. We are committed to child centred practice in all our work with the children and full compliance with 'Children First: The National Guidance for the Protection and Welfare of Children'.

We recognise the rights of children to be protected from harm, treated with respect, listened to and have their views taken into consideration in matters that affect them. Management, staff, volunteers and students recognise that the welfare of children is paramount, and we will endeavour to safeguard all children.

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As part of our recruitment procedure we ensure that we are recruiting and appointing the most qualified, professionally, suited individual, for their role, which encompassing working to adhered to regulatory and operational standards and requirements.

We ensure we are regularly maintaining and update and sharing of all our information's, requirements through viable forums such as the following:

- Noticeboard – Daily checks and updates
- Website – reviewed and updated monthly
- Meetings – Daily Briefs, Health and safety monthly reviews.

We recognise that implementation is an ongoing process. Our service is committed to the implementation of this Child Safeguarding Statement and the accompanying child safeguarding policies and procedures that support our intention to keep children safe harm while availing of our service.

This Statement will be reviewed every August/ as per the start of any academic year or as soon as practicable after there has been a material change in any matter to which the statement refers.

This statement has been published on the service website and is displayed in a prominent place on the premises.

It has been provided to all staff, volunteers and any other persons involved with the service. It is readily accessible to parents and guardians on request. A copy of this statement will made available to Tusla and members of the public if requested.

Signed: _____

Date: _____

For further information on this statement please contact the relevant Person: Caroline Cummins

Activities

At Precious Children Daycare we carry out many duties which involve the safeguarding of children daily. These are listed below:

- Care giving routine
- How we communicate to the children
- Managing challenging behaviour
- Promoting positive behaviour
- Outings and excursions



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- Outdoor play
- Community involvement (Members of the community carrying out talks)
- Rest time
- Interactions
- Affection
- Listening to the children
- Traveling in our transportation
- Meal times
- Parental involvement
- Children visiting rooms
- Administration of medication
- Administration of first aid

Principle Policy & Procedures of Children Safeguarding

Our Policies and Procedures to safeguard children reflect national policy and legislation. Our policies and procedures apply to all of our staff and any students that are on work placement.

Our Safeguarding Statement will be read and signed by all staff and students before commencing work in any of our centres. Our staff must complete the Tusla eLearning module within 10 days of commencing employment with us. The policies and procedures are in place to guide all employees in best practice and all staff must ensure they follow our policies.

We have appointed Designated Liaison Persons (DLP) for Child Protection in all of our facilities along with a Deputy DLP.

Designated Child Protection Officer:

THE DESIGNATED CHILD PROTECTION PERSON AT EACH OF OUR FACILITIES WILL BE THE MANAGER. The DDCP Officer is our health and safety officer for that facility.

Where to find whom is the name Designated Child Protection Officer:

This will be displayed in all our facilities on the Main noticeboard at each reception area and on our website.

Important information



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In case of emergency out of regular hours, the unavailability of the above personnel and you fear for a child's immediate safety on return to parent/guardian/home, contact the local Gardaí directly.

The following policies are in place to safeguard the children from harm throughout their time with us:

- Recruitment and Selection policy
- Staff Development policy
- Use of Internet, Email, Social Media Policy
- Garda Vetting policy
- Police Clearance Policy
- Headcount Policy
- Child Protection and Welfare Policy
- Company Vehicles policy
- Risk Management Policy
- Toileting Policy
- Code of Practice
- Managing Children's Challenging behaviour
- Policy on Outings and Excursions
- Complaints and Comments policy
- Accident and Incident policy
- Nappy Changing procedure

Risk Assessment

Precious Children Daycare has, in accordance with the Children First Act 2015, carried out an assessment of any potential for harm to a child while attending the service or taking part in any of the services' activities. A written assessment setting out the areas of risk identified and the services' procedures for managing those risks is summarised below:

Risk Identified	Policies & Procedures to manage those risks
Care Giving Routine	Changing procedure, viewing panels in doors, CCTV, Toilet Policy.

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How staff communicate to children, co-workers and parents	Communication policy Code of Practice
Risk of Harm as defined by the Children First Act 2015	Children Safeguarding Policy Garda Vetting policy
Risk of Bullying	Anti Bullying Policy Cyber Bullying Policy
Behaviour Management	Managing Children's Challenging Behaviour Promoting Positive Behaviour After School Golden Rules Policy
Outings & Excursions	Policy on Outings and Excursions Company Vehicles Policy Risk Management Policy Head Count Policy
Outdoor Play	Outdoor Play Policy Paddling Pool Policy Missing Child Policy
Community Involvement	Outings and Excursions Policy
Sleep and Rest	Safe Sleep Policy Sleep and Rest Policy
Interactions	Child Protection Policy Biting Policy Arrival and Departures Policy Managing Challenging Behaviour Positive Behaviour Policy
Travelling in our Transportation	Policy on Outings and Excursions Company Vehicles Policy

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	Risk Management Policy Head Count Policy
Affection	Child Protection Policy Code of Practice
Listening to Children	Communication Policy Curriculum
Meal Times	Healthy Eating Policy
Parental Involvement	Communication and Parental Involvement Code of Practice Arrival and Departures Policy

Children visiting other rooms	Head Count Policy
Visitors to the centres	Risk Management Policy
Parents Collecting	Arrival and Departure Policy
Administration of medication	Administration of Medicine Policy, Allergies Policy, Anaphylaxis Policy, Child's Records Policy
Administration of First Aid	First Aid Policy

Policy

In order to achieve our safeguarding and protection of children the following is adhered to:

- Policy Strictly adhere to the services Staff Recruitment Policy

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- Have written guidelines drawn up about duties and responsibilities of all staff.
- Have on going supervision of all staff.
- Strictly adhere to the services Confidentiality Policy
- Have a solid management structure and clear reporting and recording procedures in place.
- Ensure that whenever worrying changes occur in a child's behaviour, physical condition or appearance, a separate confidential record will be set up.
- Ensure such records will be kept in a secure place and will not be accessible to anyone other than those who need to know this information.
- Provide appropriate training for all staff to ensure that they recognise the possible signs of physical, neglect, sexual and emotional abuse.
- Strictly adhere to the service's Code of Behaviour for staff Strictly adhere to the service's Bullying Policy.
- Encourage and facilitate a Code of Behaviour drawn up by the children themselves in order to establish boundaries and respect for both children and staff. (Displayed on wall of After School Service)
- Strictly adhere to our Use of Mobile Phones Policy.
- Strictly adhere to our Use of Cameras and taking pictures Policy
- Ensure that all staff understand and are clear about the Service's Child Protection Policy and its related documents.
- All Staff must comply with all training requirements as per child statement and protection, ensure to continuously adhere to the legal requirements and any changes in the law.
- All staff will be asked to sign a copy of this policy to confirm this.

Training of Employees

All employees are requested to attend all training as part of their role. All team members are to complete TUSLA Children First training Programme. Information and updates are place in the communication book and the notice board. Monthly training programmes available will be place on the board for team members to enrol in themselves.

Recognising Child Abuse

The Guidelines advise that the ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible.

The recognition of abuse normally runs along three stages:

- I. Considering the possibility – if a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears – fearful in the company of parents.

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- ii. Observing signs of abuse – a cluster or pattern of signs is the most reliable indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which the H.S.E. or An Garda Síochána may more usefully carry out). Play situations such as drawing or story telling may reveal significant information. Indications of harm must always be considered in relation to the child's social and family context, and it is important to always be open to alternative explanations.
- iii. Recording of information – it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.

On-going Support

Following a disclosure by a child, it is important that the service staff continue a supportive relationship with the child. Disclosure is a huge step for many children. Adults should continue to offer support, particularly through:

- Maintaining a positive relationship with the child.
- Keeping lines of communication open by listening carefully to the child.
- Continuing to include the child in the usual activities.

Response to Suspicion of Child Abuse

In situations where a suspicion/concern may be deemed vague i.e. where there is no specific allegation but there is some concern based on the emotional behaviour and/or physical presentation of behaviour of a child. It is recommended that the Manager consults with a suitably qualified individual in the child protection and welfare field in order to assess whether or not a report is warranted, e.g. one of the H.S.E. designated officers. Details of the consultation should be recorded. A formal report to the H.S.E. may follow as advised.

Response to Allegations of Abuse Against Employees, Volunteers, Students

Allegations of abuse may be made against adults working with children, employees, volunteers, students, and child-minders. The national guidelines (1999)(2017) are offered to assist Managers in having due regard for the rights and interests of the child on the one hand, and those of the employee against whom the allegation is made on the other hand.

Employer's Responsibility to Report to Statutory Authorities

Where an employer becomes aware of an allegation of abuse by an employee the standard procedure for reporting allegations to the H.S.E./ TUSLA should be followed without delay.

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Action taken in reporting an allegation of child abuse against an employee should be based on an opinion formed reasonably and in good faith. When an allegation is received it should be assessed promptly and carefully.

It will be necessary to decide whether a formal report should be made to the H.S.E/ TUSLA. This decision should be based on reasonable grounds for concern as outlined earlier.

An outline of definitions of emotional, physical, sexual abuse and neglect and list of signs and symptoms of them may be at **Appendix I, II, III**.

Appendix IV outlines the UN Convention on the Rights of the Child. Note: Appendices are at the end of this document.

General Procedures.

It is important to note that there are two procedures to be followed here:

- i. The reporting procedure in respect of the child
- ii. The procedure for dealing with the employee

Guidelines

- o The same person should not have responsibility for dealing with both the reporting issues and the employment issues.
- o It is preferable to separate these issues and manage them independently.
- o These reporting procedures should be followed in the event of suspicion or disclosure of abuse against an employee.
- o Staff/volunteers may be subjected to erroneous or malicious allegations.
- o Therefore, any allegation of abuse should be dealt with sensitively and support provided for staff including counselling where necessary. However, the primary goal is to protect the child while taking care to treat the employee fairly.

Response to A Child Disclosing Child Abuse

- Be as calm and natural as possible.
- Remember that you have been approached because you are trusted and possibly liked.
- Do not panic.
- Be aware that disclosure can be very difficult for the child.
- Remember the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to. Do not pressurise the child. Allow him/her to disclose at their own pace and in their own language.

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- Be careful when asking questions. Questions should be supportive and for the purpose of clarification. Avoid leading questions such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else could have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.
- Assure the child that you believe them. False disclosures are very rare.
- It is important that the adult differentiate in their own mind between the person who carried out the abuse and the act of abuse itself. The child, quite possibly, may love or strongly like the alleged abuser while also disliking what was done to him/her.
- It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator, while talking with the child.
- It may be necessary to reassure the child that your feelings towards him/her have not been affected in a negative way as a result of what she/he has disclosed.
- Do not promise to keep secrets. At the earliest opportunity tell the child that:
 - You acknowledge that they have come to you because they trust you.
 - There are secrets, which are not helpful and should not be kept because they make matters worse. Such secrets hide things that need to be known if people are to be helped and protected from further ongoing hurt.

By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything or indeed anything, there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

Child Protection Procedure

In cases of suspected abuse, the right of the child to be protected is paramount. It is always our policy to take action if abuse is suspected.

These procedures apply whether the abuse takes place within the service or outside once it comes to the notice of the childcare staff.

Note 1.: The previous supporting information should be read, understood clearly by all staff and parents together with the procedures to be taken as outlined below in the event of a child protection situation arising.

Note 2: Please ensure that the same persons do not have the responsibility for dealing with both the reporting issues and the employment issues in the event of an allegation being made against a member of staff or other person working in the centre.

REPORTING PROCEDURE IN RESPECT OF A CHILD

Any member of staff who suspects that a child in the centre has been abused is obliged to verbally relay their concern to the Manager, or in the Manager's absence to his/her appointed deputy, as a matter of urgency.

1. The member of staff, to whom the child has disclosed the allegation, should record in writing what the child has said, including as far as possible, the exact words utilised by the child.
2. The Manager, or other, must record the details of this report, on the Child Protection Form, which is in the Forms Folder in the office, which must then be signed by the person making the report.
3. The Management must be informed immediately. The Manager will inform the Health Service Executive (H.S.E.)/ TUSLA.
4. The Manager will make every effort to contact the parents to discuss the disclosure made by the child. A written record will be kept of this meeting with the parents.
5. Immediate action must be taken to protect the child in question and indeed any other children who may be considered at 'risk'.
6. A child will never be interviewed regarding the allegation by any staff of the Service/Centre; however, all comments made by the child will be noted.
7. In cases of emergency, where a child appears to be at immediate and serious risk and a duty social worker is unavailable, An Garda Siochana should be contacted. Under no circumstances should a child be left in a dangerous situation pending H.S.E/ TUSLA. Intervention.
8. It is the duty of the Manager to undertake the preliminary investigations following allegations of abuse.
9. It is not the duty of any other member of staff to act on the Manager's behalf unless otherwise requested.
10. It is the responsibility of the Manager or those acting on their behalf, to determine what actions need be taken including reporting to statutory agencies.
11. The information provided on the Child Protection Form will be used by the H.S.E/TUSLA. and An Garda Siochana in the follow up on an allegation of abuse.
12. Confidentiality should always be maintained. The confidentiality of the child and family should be respected with due regard to the Department of Health Guidelines "**Children First**" which state "giving information to others for the protection of a child is not a breach of confidentiality".
13. Our different facilities will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by the H.S.E/TUSLA.or An Garda Siochana.
14. A close liaison will be maintained with these authorities to achieve this.

REPORTING PROCEDURE FOR DEALING WITH AN ALLEGATION AGAINST AN EMPLOYEE, OR OTHER WORKER

1. An employee is a paid member of staff of our centre/ Services or a staff member employed through a Government Sponsored Scheme. An 'other worker' may be a student, volunteer, parent or other person working within one of our centre or services.
2. If an allegation is made against an employee or other person working within the Service/Centre to another employee or other person they must inform the Manager immediately verbally, and record what they have been told or what they may have observed.
3. If the allegation is made against a staff member or other person working in the Service/Centre, they must not, under any conditions, approach the staff member against whom the allegations are made.
4. The Manager will inform the H.S.E./TUSLA immediately. An appointed member of staff should then communicate to the alleged perpetrator that an allegation has been made against him/her and the nature of the allegation.
5. In the case of a staff member or person working in the Service/Centre this will be in the presence of the Manager or their appointed deputy.
6. In the case of a parent/guardian or other, the Manager will make every attempt to contact and meet with the parents to discuss the disclosure made by the child. Only if the Manager feels that the nature of the disclosure would put the child at greater risk then they should not contact the parents, in these circumstances. The representative of the H.S.E. /TUSLA should be consulted in this regard.
7. The parents/guardian of the alleged victim should be informed of proceedings directly following the Management being informed.
8. If the person whom the allegation has been made against is not an employee or other worker the matter is then a matter for the Statutory Authorities.
9. If a staff member or other worker in the Service/Centre reports an allegation against another staff member or other worker. The Service/ Centre should provide support to the staff member making the allegation. The Manager should ensure that the staff member making the allegations confirms the allegations in writing.
10. The staff member or other worker about whom the allegation has been made will be offered the opportunity to respond to the allegations. They should also be informed of their right to an adjournment of the meeting until such time as they can seek appropriate representation (e.g. Union or other representation) The action will be guided by the agreed procedures, the applicable employment contract and the rules of natural justice. While adhering to the principle of natural justice enshrined within our constitution in relation to the rights of the accused, the vulnerability of the alleged victim must be foremost in our mind, therefore any postponement must be afforded within a reasonable time frame, within 24 hours.

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11. The management must suspend the member of staff about whom the allegations have been made immediately with full pay until an investigation has been completed. As outlined at Points in this section, at this time a parallel investigation must be set up regarding the discipline procedure process. Due recognition must be given to the member of staff's employment rights.
12. All matters relating to the allegations, including the response of the staff member or other worker against whom the allegation has been made should be related, in writing, to the Childcare Manager of the H.S.E./TUSLA usually via the Child Care Manager or Senior Social Worker.
13. Reporting staff members should be informed that the matter is being dealt with and reminded of their obligation to confidentiality.
14. The name of the person against whom the allegation has been made should be known only by the reporting member of staff, the Manager, the investigating persons, the parent/guardian, the Senior Social Worker, the Childcare Manager (or their appointed nominee) of the H.S.E./TUSLA
15. The fact that a staff member is re-instated with no disciplinary action taken should be taken as evidence that no blame/fault/suspicion attaches to them. The Service/Centre will also provide support e.g. external counselling should the staff member make the request or if it is warranted.
16. The Service/Centre will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by the H.S.E. / TUSLA or An Garda Síochána. A close liaison will be maintained with these authorities to achieve this.
17. We will follow the Service's/ Center Disciplinary Policy and Procedures should any staff member be found to be in breach of this Child Protection Policy and its related documents action will be taken up to and inclusive of dismissal.

Statement of Understanding for Employees to Sign.

As stated in the Child Protection policy, whenever worrying changes occur in a child's behaviour, physical condition or appearance, a separate confidential record will be set up.



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This record will include name, address and age of child, timed and dated observations, describing the child's behaviour/appearance without comment or interpretation, where possible the exact words spoken by the child, the date, name and signature of the recorder.

A child should never be questioned further in relation to the incident/concern. Staff should ensure that they do not express their own feelings or emotions in relation to the incident/concern.

We have a duty to care, under the "Children's First" national guidelines for the protection and welfare of children. Therefore, in the event of suspicion or concern with regard to a child's safety and welfare we will consult with the relevant people within our service and in the TUSLA or the Gardaí. This duty over-rides all statements in our Policies & Procedures documents.

SIGNATURE: _____

SIGN BLOCK LETTERS: _____

DATE: _____

APPENDIX I

Samples of Causes of Difficult Behaviour

There are many causes of children's difficult behaviour. Understanding these will help staff in the Centre deal with children more effectively. These include:

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Physical – children’s difficult behaviour is often caused by tiredness, illness or medication. Parents are asked to inform staff if a child is ill or on medication.

Developmental – different stages of development will bring different behaviours, for example, the classic temper tantrum is very typical of children with worries or concerns. Developmental delay (such as late language/speech development) can be a source of frustration and challenging behaviours. It is our policy that all staff are fully informed about any developmental issues that could influence behaviour and that they are supported in dealing with such issues.

Emotional – if a child is emotionally upset this will influence behaviour. Bereavement, and ill parent, a new baby, a house move can have implications for a child’s behaviour. We ask parents to let Centre staff know of any such situation in a child’s life so we can observe their behaviour and support and help the child as best possible.

Environmental – a child can display challenging behaviour if he/she does not have enough space or if the play equipment is inappropriate. It is the responsibility of all staff to ensure the playrooms are not cluttered and that each child has enough space to move freely. Management must ensure that space requirements are fully compliant with the regulations.

Intellectual – a child may display difficult behaviour if he/she is bored or under-stimulated. It is the responsibility of Centre management to ensure a varied and interesting programme is provided, suitable to the development needs of all the children in our care.

APPENDIX II

Methods for Dealing with Difficult Behaviour

Encouraging good behaviour requires effort and planning. It is our policy to create an atmosphere and routine that is child friendly, stimulating and secure.

The following strategies are used to reduce conflict in the Centre:

- We will reduce boredom by offering variety.
- We will tell children in advance what is happening and what is expected of them.

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- We will explain what children are permitted/not permitted to do.
- We will offer choice.
- We will give clear instructions.
- We will speak at the child's level.
- We will praise good behaviour and effort.
- We will allow children choose activities.
- We will use positive reinforcement when children are behaving well.
- We will give children responsibility to increase self-esteem.
- We will keep calm and we will never be aggressive towards children.
- We will use positive language – we will not use words like naughty or bold.
- We will not label children because of their behaviour.
- We will try to distract children in order to diffuse a situation.
- We will extend or remove privileges in response to behaviour.
- We will only use sanctions if they are fair and linked to the behaviour (e.g. picking up litter for dropping it).
- We do not use physical punishment of any kind.
- We do not use the bold corner or bold chair.

APPENDIX III

PHYSICAL ABUSE

This is physical injury to the child, including deliberate poisoning, where there is definite knowledge, or a reasonable suspicion that the injury was inflicted or knowingly not prevented. These examples are not indicative of abuse on their own, but rather a cluster or pattern of some of them may suggest abuse.

The following are examples of signs and symptoms of physical abuse:

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- Unexplained/untreated injuries.
- Injuries not consistent with the history of the injury.
- Specific physical signs include:
 - a. Bruising around the mouth.
 - b. Grasp marks on the arms/chest.
 - c. Bruising on the back of the ear.
 - d. Direct impression bruising (i.e. belt, shoe, hard marks).
 - e. Linear bruising, particularly on the back or buttocks
 - f. Finger marks.
 - g. Bruising of different ages.
 - h. Any fracture which does not have a clear accidental history, or untreated fractures which may be seen on x-ray.
 - i. Poisoning.
 - j. Bite marks.
 - k. Burn and scalds, e.g. hot baths and cigarette burns.
 - l. Scars, exceptionally large in number.
 - m. Bald patches.

SEXUAL ABUSE

This is the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles. These examples are not indicative of abuse on their own but rather a cluster or pattern of some of them may suggest abuse.

The following are examples of signs and symptoms of sexual abuse:

- Pregnancy.
- Injuries to the genital/anal area, e.g. tearing, bruising, rectal damage.
- Venereal disease – thrush, cystitis, etc.
- Sexualised drawings/play/behaviour.
- Regressive patterns – soiling/wetting.
- Psychosomatic symptoms – headaches, frequent stomach pains.
- Having unexplained sums of money, gifts.
- Anorexia/bulimia.
- Sleep disturbances – nightmares, hyper alertness.
- Aggression/withdrawn.
- Poor performance suddenly at school.
- Fear of changing clothing in public (undressing).
- Fear of certain people/places.
- Running away.
- Self-mutilation/suicidal attempts.
- Social isolation/no friends.

EMOTIONAL ABUSE

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment; this category should be used where it is the main or sole form of abuse. These examples are not indicative of abuse on their own but rather a cluster or pattern of some of them may suggest abuse.

The following are examples of signs and symptoms of emotional abuse:

- Physical/mental/developmental delays.
- Over-reaction to mistakes.
- Underweight/lethargic.
- Withdrawn/attention seeking.
- Neurotic behaviours e.g. rocking, hair twisting.
- Admission of over excessive punishment.
- Speech disorders, e.g. stammer, stutter.
- Hostile attitude of parents to the child/disinterest in child.
- Unrealistic expectations set for the child.
- Self-mutilation.
- Running away.
- Suicidal.

NEGLECT

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold or starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. These examples are not indicative of abuse on their own but rather a cluster or pattern of some of them may suggest abuse. The following are examples of signs and symptoms of neglect/failure to thrive:

- The child's physical neglected appearance.
- Poor personal hygiene.
- Inappropriate clothing.
- Tiredness.
- Constant hunger.
- Compulsive stealing/scavenging.
- Diarrhoea (caused by poor or inappropriate diet).
- Dry sparse hair.
- Underweight/emaciated (generally short in stature).
- Running away.
- Untreated medical problems.
- Self-destructive tendencies.



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APPENDIX IV

THE UN CONVENTION ON THE RIGHTS OF THE CHILD (1989)

The Convention stipulates the following general principles:

- States shall ensure each child enjoys full rights without discrimination or distinctions of any kind.
- The child's best interests shall be a primary consideration in all actions concerning children, whether undertaken by public or private social institutions, courts, administrative authorities or legislative bodies.
- Every child has the right to life and states shall ensure, to the maximum extent possible, child survival and development.
- Children have the right to be heard.

The Convention stipulates the following substantive provisions:

Civil Rights and Freedom

- The right to a name and a nationality,
- The right to a sense of identity,
- The right to freedom of expression,
- The right to freedom of thought, conscience and religion,
- The right to freedom of association.
- The right to privacy,
- No child shall be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.

Family Environment and Parental Guidance

- States must respect the responsibilities of parents and extended family members to provide guidance for children.
- The convention gives parents a joint and primary responsibility for raising their children.
- Children should not be separated from their parents unless this is deemed to be in the child's best interests.
- Children and their parents have the right to leave any country and to enter their own for purposes of reunion.
- Children have the right to an adequate standard of living.
- The Convention obliges the state to provide special protection for children deprived of a family environment.
- The state has the obligation to prevent and remedy the kidnapping or retention of children abroad by a parent or third party.
- To protect children from all forms of abuse or neglect.
- It is the responsibility of the state to ensure – in cases of children victims of armed conflict, torture, neglect, maltreatment or exploitation – that they receive appropriate rehabilitative care and treatment to facilitate their recovery and social integration into society.
- A child placed by the state for reasons of care, protection or treatment is entitled to have that placement regularly evaluated.

Basic Health and Welfare of Children

- Every child has the right to life.
- Parties shall ensure to the maximum extent the survival and development of the child.
- The child has the right to the highest attainable standard of health.
- Disabled children have the right to special treatment, education and care.
- Children have the right to benefit from social security.

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- Every child has the right to a standard of living adequate for the child's mental, physical, spiritual, value systems and social development.

Education, Leisure and Recreation

- Children have the right to education.
- The aims of education are geared towards developing children's personalities as well as their mental and physical abilities to the fullest extent.
- Children have a right to enjoy leisure, recreation and cultural activities.

SPECIAL PROTECTION MEASURES

(a) Situations of armed conflict:

- State parties shall take all feasible measures to ensure that children under 15 years of age take no part in hostilities and that no child below 15 is recruited into the armed forces.
- State parties shall take all feasible measures to ensure protection and care of children who are affected by armed conflict.
- Children have the right to appropriate treatment for their recovery and social reintegration.
- Special protection shall be given to refugee children or to a child seeking refugee status.

(b) In situations where children are in conflict with the law:

- Regarding the administration of juvenile justice, children who come in conflict with the law have the right to treatment that promotes their dignity and self-worth, and also takes into account the child's age and aims at his/her integration into society.
- Children are entitled to basic guarantees as well as legal or other assistance for their defence and judicial proceedings and institutional placements shall be provided wherever possible.
- Any child deprived of liberty shall not be kept apart from adults unless it is in the child's best interests to do so.
- A child who is detained shall have legal and other assistance as well as contact with his/her family.

(c) In situations of exploitation:

- Children have the right to be protected from economic exploitation and from work that threatens their health.
- Children have the right to protection from the use of narcotic and psychotropic drugs as well as from being involved in their production and distribution.



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- Children have the right to protection from sexual exploitation, and abuse, including prostitution and pornography.
 - It is the States obligation to make every effort to prevent the sale, trafficking and abduction of children.
- d. **In situations of children belonging to a minority or indigenous group:**
- Children of minority communities and indigenous populations have the right to enjoy their own culture and to practice their own religion and language.